PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2889

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

09/19/2007

7590

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Brian R. Dorn P.O. Box 2903 Minneapolis, MN 55402-0903

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate All Interfer correspondence including the Patient, advance orders and notification of maintenance fees will be made to the current correspondence address as a smaller or threshold of the properties of the prope

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying

papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that his Fee(s) Transmital is being deposited with the United
States Postal Service with sufficient postage for first class smal in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facsimile
transmitted to the USPTO (571) 273-2885, on the date indicated below.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

(Signature)

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	_	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/538,902	05/15/2006		Jeffrey B. Kaplan		14233.0038USW	'O	8859
TITLE OF INVENTION	COMPOSITIONS AN	D METHODS FOR ENZ	YMATIC DETACHMENT	OF BACTERIAL	AND FUNGAL BIO	FILMS	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	No sak	5300 \$1400	\$300	\$0	,\$ 100 1	T 4/70	O 12/19/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS				
SLOBODYANSK		1652	536-023200				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Merchant & Gould P.C.				
Change of correspondence of Co	ndence address (or Cha	inge of Correspondence	or agents OR, alternatively,				
"Fee Address" indi	cation (or "Fee Address	" Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is 3				
3. ASSIGNEE NAME AT	D RESIDENCE DATA	A TO BE PRINTED ON T	THE PATENT (print or typ	c)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
University of Medicine and Dentistry of New Jersey New Brunswick, New Jersey							
							•
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	Individual 🖾 Co	rporation or other private	vate group	entity Government
a. The following fee(s) a	re submitted:	46	. Payment of Fee(s): (Plea	se first reapply an	v previously paid iss	ue fee sh	own above)
Issue Fee			☐ A check is enclosed.				
X Publication Fee (No small entity discount permitted)			XX Payment by credit card XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Stat	us (from status indicate	d above)					
	SMALL ENTITY state		b. Applicant is no long				
NOTE: The Issue Fee and nterest as shown by the re	Publication Fee (if teq cords of 100 United Sta	uired) will not be accepted tes Patent and Trademark	I from anyone other than the Office.	e applicant; a regis	tered attorney or ager	nt; or the	assignee or other party in
	7/1.10				127/2007		
Authorized Signature	140			Date	17/1/200/		
Typed or printed name	Brian R	. Dorn		Registration No	o. <u>57,395</u>		
This collection of informa an application. Confident submitting the completed	tion is required by 37 C ality is governed by 35 application form to the	FR 1.311. The informatio U.S.C. 122 and 37 CFR USPTO. Time will vary	in is required to obtain or r 1.14. This collection is est depending upon the indiv chief Information Office COMPLETED FORMS TO	etain a benefit by the mated to take 12 m dual case. Any con	ne public which is to f minutes to complete, i mments on the amoun	ile (and b neluding nt of time	y the USPTO to process) gathering, preparing, and you require to complete
his form and/or suggestic Box 1450, Alexandria, Vi	ms for reducing this bu rginia 22313-1450. DC 1.1450	rden, should be sent to the NOT SEND FEES OR (Chief Information Office COMPLETED FORMS TO	r, U.S. Patent and T THIS ADDRESS.	Frademark Office, U.: SEND TO: Commis	S. Departs sioner for	ment of Commerce, P.O. Patents, P.O. Box 1450,
Juder the Paperwork Red	uction Act of 1995, no	persons are required to res	pond to a collection of infe	ormation unless it d	isplays a valid OMB	control nu	imber.

OMB 0651-0033